

9050.1030 RESIDENT CARE SERVICES.

Subpart 1. **General.** Care services provided to residents of Minnesota veterans homes must be consistent with the overall goals and obligations of each facility as expressed in statute, the homes' mission statements, and rules governing the facilities operated by the commissioner of veterans affairs, and must be consistent with available funding and limited if the service is not reimbursable by public or private resources according to Minnesota Statutes, section 144.651, subdivision 6.

Care services are provided according to Department of Health licensure regulations and the certification requirements of the United States Department of Veterans Affairs. Laws pertaining to resident care services include chapters 4655 and 4658; Minnesota Statutes, chapters 144 and 144A; United States Department of Veterans Affairs Code M-1, part 1, chapter 3; United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes Nursing Home Care Standards; and United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes: Domiciliary Care Standards. United States Department of Veterans Affairs publications shall be available for review at each facility operated by the commissioner of veterans affairs.

Payment of resident care services that are made available must be authorized by the commissioner of veterans affairs. The commissioner of veterans affairs shall determine annually which services will be paid for by the facilities operated by the commissioner of veterans affairs, based on appropriations.

A resident, resident's guardian, legal representative, family member, conservator, or other person designated by the resident must be informed in writing by the admission staff of each facility operated by the commissioner of veterans affairs or the resident's social worker, before or at the time of admission and when changes occur, of services that are included in the facility's basic per diem and of other services that may be available at additional charges.

The facility staff shall assist residents in obtaining information and making application for possible benefits or programs to which the residents are entitled according to parts 9050.0770 and 9050.0800, subpart 2, item G, and Minnesota Statutes, section 144.651, subdivision 17.

Subp. 1a. Provided services.

A. Each facility operated by the commissioner of veterans affairs shall provide at least the following services:

- (1) a medical director;
- (2) an attending physician;
- (3) primary care nursing services;

(4) dietary services, including an adequately equipped kitchen at each facility operated by the commissioner of veterans affairs, and qualified facility staff to supply the necessary food requirements of the residents;

(5) specialized rehabilitation services, such as physical therapy, occupational therapy, and speech therapy, to improve and maintain maximum functioning;

(6) housekeeping services to ensure a clean, sanitary, and safe physical environment for residents and to keep the facility free from offensive odors, dust, rubbish, and safety hazards;

(7) maintenance services to ensure that the physical plant is kept in a state of good repair and operation with regard to the health, comfort, safety, and well-being of residents and others;

(8) transportation to and from approved medical providers provided or arranged for by each facility operated by the commissioner of veterans affairs, if the providers are located within the area regularly serviced by the transportation staff of the facility;

(9) recreational therapy services;

(10) on-site social work services; and

(11) chaplain services, and private space provided for residents to meet with clergy of the residents' choice.

B. For purposes of item A, subitem (2), each resident must be assigned an attending physician who is responsible for overall medical care of the resident. A resident may choose a private attending physician at the resident's own expense if the physician agrees to comply with regulatory standards governing the facility.

The attending physician shall prescribe a planned regimen of resident care based on a medical evaluation of the resident's immediate and long-term needs. The attending physician must be identified on the resident's medical chart.

The attending physician shall make arrangements for the medical care of the resident in the event of an on-site emergency or a planned absence by the attending physician.

C. For purposes of item A, subitem (4), a qualified dietitian, as defined in part 9050.0040, subpart 34, or dietary supervisor if qualified, must be employed or contracted with to supervise the food service department of each facility. A qualified dietary supervisor is a person trained or experienced in the planning and preparation of meals as stated in part 4655.8510 or 4658.0605, subpart 2. A dietitian shall ensure that nutritional care plans are developed according to each resident's nutritional needs and that an individual diet card is maintained for each resident. The dietary staff shall prepare therapeutic diets as ordered by the resident's attending physician, according to federal and state standards.

Subp. 1b. **Services made available.** Each facility operated by the commissioner of veterans affairs must make the following services available:

A. mental health services, either on-site or through other means such as contract services, sharing agreements, or other arrangements, with mental health services offered on request by the resident or as determined by members of the resident's individual care plan team, which may include a staff psychologist, staff psychiatrist, or chemical dependency counselor;

B. dental care services, including, but not limited to, cleaning of teeth by a dentist or dental hygienist, an examination of the resident's teeth and mouth by the dentist, taking of necessary X-rays as determined by the dentist, proper fitting of dentures, repair of dentures, and treatment of abnormalities caused by dentures as determined by the dentist. Each facility must have a written agreement with a licensed dentist or dentists to provide emergency dental care when necessary;

C. podiatric care services, through a podiatrist or physician, with the approval of the resident's attending physician;

D. optometric care services;

E. diagnostic services on written order of the resident's attending physician, examples of which include, but are not limited to, X-rays and laboratory work, such as blood tests;

F. pharmaceutical services;

G. transportation to and from medical providers; and

H. chiropractic care services, according to Minnesota Statutes, section 198.065, on written order of the resident's attending physician.

Subp. 2. [Repealed, 20 SR 2095]

Subp. 3. [Repealed, 20 SR 2095]

Subp. 4. [Repealed, 20 SR 2095]

Subp. 5. [Repealed, 20 SR 2095]

Subp. 6. [Repealed, 20 SR 2095]

Subp. 7. [Repealed, 20 SR 2095]

Subp. 8. [Repealed, 20 SR 2095]

Subp. 9. [Repealed, 20 SR 2095]

Subp. 10. [Repealed, 20 SR 2095]

Subp. 11. [Repealed, 20 SR 2095]

Subp. 12. [Repealed, 20 SR 2095]

Subp. 13. [Repealed, 20 SR 2095]

Subp. 14. [Repealed, 20 SR 2095]

Subp. 15. [Repealed, 20 SR 2095]

Subp. 16. [Repealed, 20 SR 2095]

Subp. 17. [Repealed, 20 SR 2095]

Subp. 18. [Repealed, 20 SR 2095]

Subp. 19. [Repealed, 20 SR 2095]

Statutory Authority: *MS s 144A.04; 144A.08; 198.003; 256B.431*

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